

Diagnosis of Type 2 Diabetes



Diagnostic Criteria for Prediabetes and Diabetes in Nonpregnant Adults

Normal	High Risk for Diabetes	Diabetes
FPG <100 mg/dL	IFG FPG ≥100-125 mg/dL	FPG ≥126 mg/dL
2-h PG <140 mg/dL	IGT 2-h PG ≥140-199 mg/dL	2-h PG ≥200 mg/dL Random PG ≥200 mg/dL + symptoms*
A1C <5.5%	5.5 to 6.4% For screening of prediabetes [†]	≥6.5% Secondary [‡]

*Polydipsia (frequent thirst), polyuria (frequent urination), polyphagia (extreme hunger), blurred vision, weakness, unexplained weight loss.

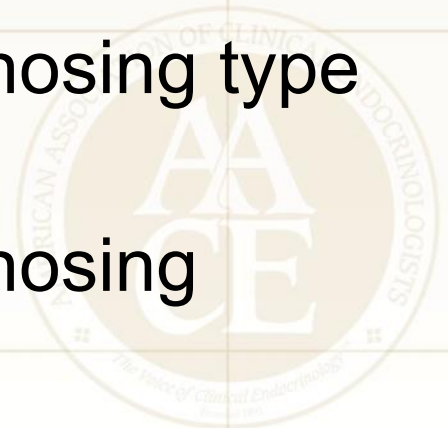
[†]A1C should be used only for screening prediabetes. The diagnosis of prediabetes, which may manifest as either IFG or IGT, should be confirmed with glucose testing.

[‡]Glucose criteria are preferred for the diagnosis of DM. In all cases, the diagnosis should be confirmed on a separate day by repeating the glucose or A1C testing. When A1C is used for diagnosis, follow-up glucose testing should be done when possible to help manage DM.



AACE Recommendations for A1C Testing

- A1C should be considered an additional optional diagnostic criterion, not the primary criterion for diagnosis of diabetes
- When feasible, AACE/ACE suggest using traditional glucose criteria for diagnosis of diabetes
- A1C is not recommended for diagnosing type 1 diabetes
- A1C is not recommended for diagnosing gestational diabetes



AACE Recommendations for A1C Testing

- A1C levels may be misleading in several ethnic populations (for example, African Americans)
- A1C may be misleading in some clinical settings
 - Hemoglobinopathies
 - Iron deficiency
 - Hemolytic anemias
 - Thalassemias
 - Spherocytosis
 - Severe hepatic or renal disease
- AACE/ACE endorse the use of only standardized, validated assays for A1C testing

